

# BIRTH/DEATH CERTIFICATE REQUEST FORM

(FOR DEATH/BIRTH RECORDS OCCURRING IN CITY OF LORAIN ONLY)

\*\*\*\*\* Mail (at address below) or Fax this form to (440) 246-6894 \*\*\*\*\*

**Please provide the following information as it appears on the certificate you are requesting:**

Please check one:  BIRTH record  DEATH Record

Full Name of Person on Certificate: \_\_\_\_\_

Date of Birth / Death: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Place of Birth / Death \_\_\_\_\_

Name of Father: \_\_\_\_\_ Maiden Name of Mother: \_\_\_\_\_  
(Mother's name prior to first marriage)

Mail Certificate to: Name \_\_\_\_\_

(Please print) Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Requesting (quantity) \_\_\_\_\_ Birth / Death Certified Certificates at \$18.00ea = \_\_\_\_\_

\_\_\_\_\_ Overnight Shipping Fee (\$25.00) (optional) \_\_\_\_\_

Shipping & Handling Charge 1.00

**Total Amount Being Paid \$ \_\_\_\_\_**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Please check METHOD OF PAYMENT:  CASH  CHECK / Money Order  VISA/MC\*

Make money order or check payable & mail to:

**LORAIN CITY HEALTH DEPARTMENT**  
**1144 West Erie Avenue**  
**Lorain, Ohio 44052-1496**

**(NOTE: ALL returned checks will be assessed a \$20 fee per check)**

**\*TO PAY BY VISA / MC fill out the information below:**

**Please Note: Your credit card will not be charged until we verify your record and process your request.**

Visa / MC Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Last three digits on signature panel on back of card \_\_\_\_\_

Cardholder's Full Mailing address: \_\_\_\_\_

Cardholder's Name (print) \_\_\_\_\_

Cardholders Signature \_\_\_\_\_

Daytime Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

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**INTERNAL USE ONLY:** Date Issued \_\_\_\_\_ Document Number \_\_\_\_\_ EMPLOYEE: \_\_\_\_\_